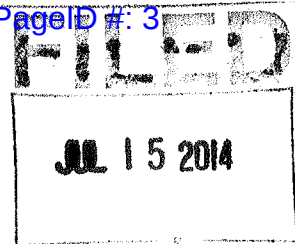


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA



TERESA L. DEFFNER, CLERK
U.S. District Court
Southern District of West Virginia

Michael Lup

15645-032

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. *5:14-cv-23038*
(Number to be assigned by Court)

UNITED STATES OF AMERICA

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No ☒

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county);

-
3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

-
6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement:

FCI Beckley

A. Is there a prisoner grievance procedure in this institution?

Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ☐ No ☒

C. If you answer is YES:

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not:

This is a lawsuit
That didn't happen in just prison

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff:

Michael E. P.

Address:

FCI Beckley PO Box 350 Beaver WV 25813

B. Additional Plaintiff(s) and Address(es):

417 Edgewood Dr Nicholasville Ky 40356

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: UNITED STATES OF AMERICA
 is employed as: Congress / President
 at _____

D. Additional defendants: Federal government
Department of Defence Homeland Security
Border patrol FDA ect
Justice Dept

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Attached

IV. Statement of Claim (continued):

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

*I want \$100,000,000 for mental anguish
and pain and suffering. Mental and physical*

*And I'm requesting to be appointed an
attorney Jay Cahery if possible I trust
him. He is in ~~Kentucky~~ Nicholasville Ky 40356
109 Court Rowe*

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____ No ☒

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons:

I can't afford one

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No ☒

If so, state the lawyer's name and address:

Signed this 28 day of June, 2014.

Michael E Peel
Michael E Peel

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6 28 14.
(Date)

Michael E Peel
Signature of Movant/Plaintiff

Signature of Attorney
(if any)

*I don't know if this is the correct place to send this
or correct district if not please forward to the correct district
Kentucky 6th*

**INSTRUCTIONS FOR FILING A COMPLAINT BY A
PRISONER UNDER CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

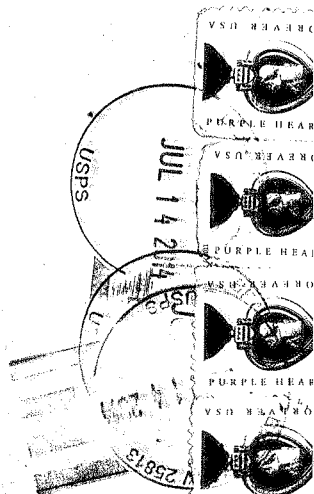
NOTICE: The law has changed! The Prisoners Litigation Reform Act requires prisoners to exhaust available administrative remedies before filing a suit with respect to the conditions of confinement or the effects of action by government officials on the lives of persons confined in prison. In addition, the Act requires a prisoner to pay a **\$350.00 filing fee**, although the fee may be paid in installments.

These forms are not to be used for filing a Petition for Writ or Habeas Corpus, or to challenge the validity of a state conviction for a criminal offense.

Enclosed are four copies of a Complaint form with one Application to Proceed In Forma Pauperis and Affidavit, an Explanation of Filing Fees and Proceeding In Forma Pauperis, an Authorization to Release Institutional Account Information and To Pay Filing Fee, and three U. S. Marshal Process and Receipt Forms.

1. Your Complaint can be brought in this Court only if one or more of the named defendants are located within the Southern District of West Virginia (counties south of and including Wood, Wirt, Roane, Clay, Nicholas and Greenbrier), or if your claim arose in this District. Further, you must file a separate complaint for each claim that you have unless they are all related to the same incident or issue.
2. You must file an original complaint plus one copy of the complaint for each defendant you name. Use 8-1/2 X 11 inch paper. For example, if you name two defendants, you must file the original and two copies of the complaint. You should also keep an additional copy of the complaint for your own records. All copies of the complaint must be identical to the original. The original complaint must bear an original signature from each plaintiff. Your complaint must be legibly written or typewritten and you are required to give facts. **THE COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS.** The plaintiff or plaintiffs must include his/her inmate registration number. If you need additional space to answer a question, you may use the reverse side of the form or an additional blank page.
3. If you have **\$350.00**, send a check or money order for **\$350.00** per complaint payable to "Clerk, U. S. District Court". If you are unable to pay the **\$350.00** filing fee, complete and sign an Application to Proceed in Forma Pauperis and Affidavit for each plaintiff (see Explanation of Filing Fees and Proceeding In Forma Pauperis).
4. Complete and sign one U. S. Marshal Process and Receipt Form for each defendant named in the complaint.
5. When all these forms are completed, mail them to:
Clerk, United States District Court
110 North Heber Street, Room 119
Beckley, WV 25801
6. Documents certified as true under penalty of perjury do not need to be notarized.
See 28 U.S.C. § 1746.

Michael E. P. 15645-032
Federal Correctional Institute Beckley
PO Box 350
Beckley WV 25803



⇔ 15645-032 ⇔
US Clerk District Court
110 N Heber ST
Beckley, WV 25801
United States